



AUTOMATIC BANK DRAFT REMOVAL REQUEST FORM

- Complete this form and return to City Hall
- Allow 5-7 business days for the autodraft to be removed
- Please direct any questions to City Hall at 405-390-8198

I _____ (printed name)
hereby authorize the City of Choctaw to stop and remove the
following automatic bank draft request from the account listed
below on _____ (date).

I understand the account must be paid in full by the 15th or
there will be an additional fee charged (late fee).

CUSTOMER ACCOUNT INFORMATION

MUST BE COMPLETED

Name as it appears on utility bill: _____

Utility Account Number: _____ - _____ - _____

Service Address: _____

Phone Number: _____

Signature _____ Date: _____

Received Date: _____ Employee: _____